

Please complete this application so that we may receive reimbursement for meals served to children in our program.

PART 1 – CHILD’S/CHILDREN’S INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Classroom/Teacher</u>

Part 2 – FOOD STAMP OR TEMPORARY CASH ASSISTANCE (TCA) INFORMATION (Participants receiving any of the above, complete this section and skip to Part 4).

Food Stamp # _____ TCA # _____

Part 3 – FOSTER CHILD: ____ Check if the child is the legal responsibility of the Department of Social Services or court. Write the child's personal use monthly income \$ _____. The foster parent/official representing the child must sign the application in Part 5. A Social Security Number is not required. Complete one form for each foster child in your household.

PART 4 – TOTAL HOUSEHOLD GROSS INCOME

You must tell **how much** and **the frequency** (for example: weekly, every other week, twice a month, or monthly)

NAMES OF ALL HOUSEHOLD MEMBERS (Include the child(ren) names above.)	EARNINGS FROM WORK (before deductions)		ADD'L INCOME Child Support, Alimony, TCA, Pensions, Retirement, Social Security	ALL OTHER INCOME
	Income	Frequency		
1.	\$		\$	\$
2.	\$		\$	\$
3.	\$		\$	\$
4.	\$		\$	\$
5.	\$		\$	\$
6.	\$		\$	\$

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER

I certify that all of the above information is true and that all income is reported. I understand that this information is being given for the center's receipt of federal funds, and that if I purposely give false information, I may be prosecuted.

Signature of Adult Household Member

Date

Social Security Number*

Print Name: _____ Telephone No: (H) _____ (W) _____

Address: _____ City: _____ State: _____ ZIP: _____

PART 6 – RACIAL/ETHNIC IDENTIFY (Optional)

Racial Identities: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other **Ethnic Identities:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

*Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, it may reduce the amount of reimbursement the center may be entitled to. The adult household member signing the application must include their Social Security Number unless: they do not have a Social Security Number, the application is for a foster child; or a Food Stamp or Temporary Cash Assistance case number has been provided for the child(ren). We will use your information to determine the center's Program reimbursement and for administration and enforcement of the meal programs. Program reviews and investigations may be conducted to verify correctness of any information provided on this form, or to look into violations of program rules. These efforts may include contacting employers and State or local governmental offices. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs.

FOR CENTER USE ONLY Annual Income Conversion: Weekly X 52, Every Two Weeks X 26, Twice a Month X 24, Monthly X 12

Household Size: _____ Total Income: \$ _____ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a Month ☐ Monthly ☐ Yearly
Eligibility Determination; ☐ Free ☐ Reduced Price ☐ Denied (Paid) ☐ Temporary Until: _____
Categorical Eligibility: ☐ TCA ☐ Food Stamp Reason for Denial: ☐ Income too high ☐ Incomplete Form ☐ Other
Change in Status (reason and date): _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date Signed: _____

INSTRUCTIONS FOR COMPLETING THE MEAL BENEFIT APPLICATION

To apply for free or reduced-price meals, complete the form using the instruction below. Sign your name and return the form to Child and Youth Services, Fort Detrick. Complete a separate application for each foster child. You may call (301) 619-7100 if you need help completing the form.

PART 1 – STUDENT INFORMATION – ALL HOUSEHOLD COMPLETE

1. Print the names of the student(s) for which you are applying.
2. List the grade and school for each student.

PART 2 – FOOD STAMP AND TEMPORARY CASH ASSISTANCE (TCA) HOUSEHOLDS COMPLETE

1. List your household Food Stamp or TCA number.
2. Skip Parts 3 and 4. You do not need to list names of household members or income if you list a Food Stamp or TCA number for the household.
3. An adult household member must sign the application in Part 5. A Social Security Number is not necessary.

PART 3 – COMPLETE ONLY IF APPLYING FOR A FOSTER CHILD

1. Check the box and list the personal use monthly income, if any, for the student. “**Personal Use**” income is:
 - a). Money given by the Department of Social Services identified by category for the personal use of the student, such as for clothing, school fees, and allowances;
 - b). All other money the student(s) gets, such as money from his/her family and money from the full-time or regular part-time jobs of the student(s).
2. Skip Part 4. Do not list any other student(s), household members, or income.
3. A foster parent or other official representing the student(s) must sign the application in Part 5. A Social Security Number is not necessary.

PART 4 – TOTAL HOUSEHOLD GROSS INCOME

1. List the first and last name of everyone in your household, whether they get income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, and any other person living in your household, related or not (such as grandparents, other relatives, or friends). Do not list foster children; complete a separate application for each foster child, as directed in Part 3. Attach another sheet of paper, if necessary.
2. Next to each person’s name, list each type of income received last month, and how often it was received. You must indicate how much (the dollar amount), and how often received (weekly, every other week, twice a month, or monthly). If a household member has no income, indicate this by writing \$0.
3. Report all income as **gross income**, except as noted. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. For self-owned business, farm, or rental income, report income as **net income**.
4. If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income.

PART 5 – SIGNATURE AND SOCIAL SECURITY NUMBER – ALL HOUSEHOLDS COMPLETE

1. All forms must have the signature of an adult household member.
2. The form must have the Social Security Number of the adult who signs, unless the adult does not have a Social Security Number. Write “none” to show that the adult does not have a Social Security Number. A Social Security Number is not needed if you listed a Food Stamp or TCA number for the household, or if you are applying for a foster child.

PART 6 – RACIAL/ETHNIC IDENTIFY

1. You are required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work
Wage/salaries/tips

Additional Income
Child Support
Alimony
TCA payments
Pensions
Retirement
Social Security

All Other Income
Disability benefits
Cash withdrawn from savings
Interest/Dividends
Income from Estates/Trusts/Investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Strike benefits
Unemployment compensation
Workers compensation
Net income from self-owned business or farm
Supplemental Security Income (SSI)
Veterans benefits (VA)